2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #729233

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90274 006 ****61.25

1. Entity Nam COSTA D		ASSOCIATION, II	NC.										
1 COSTA DEL SOL BLVD 1 CO				COSTA DEL SOL BLVD IAMI, FL 33178				40005000					
Principal Place of Business 3. Mailing Address							_			2 440			
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01042006	Chg-NP	CR2I	E037 (11/05)		
City & State			City	City & State				4. FEI Number Applied For 59-1804186 Not Applicable					
Zip Country			Zip		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required							
	6. Name :	and Address of Curren	t Registere	d Agent		Name		7. Name and	Address of Nev	v Register	ed Agent		
SKRLD, INC 201 ALHAMBRA CIRCLE STE 1102						Street Address (P.O. Box Number is Not Acceptable)							
CORAL G	ABLES, FL	33134									·-··	<u>.</u>	
						City				F	EL Zip Cod	le	
	named entity tions of registe	submits this statement f ered agent.	or the purpo	ose of changing its	registere	ed office or reg	gistere	d agent, or both	n, in the State of	Florida 1	am familiar with	, and accept	
SIGNATURE .	Signature, typed o	or printed name of registered ager	nt and title if appi	icable (NOT	E: Danierer	d Agent signature re				DA.	TE		
					C. Nogistalet		edoseo w	nen reinstating)		UA			
	_	e is \$61.25 ay 1, 2006		9. Election Car Trust Fund (mpaign F	inancing _		5.00 May Be	F	Make ch	neck payable t partment of S		
10.	Due by M	e is \$61.25		9. Election Car Trust Fund (mpaign F Contributi	inancing ion.	ÀL	5.00 May Be	F	Make ch Iorida De	neck payable to partment of S	N 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>19/06</u>

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